



## Mississippi Department of Marine Resources Policy and Procedures Manual

### Request for DMR Information and Files

Effective Date: 09/01/10  
Date of Revision: 08/31/10  
Policy Number: **DMR-009**

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#### **PURPOSE:**

To delineate DMR policy for handling public requests for DMR information and files.

#### **APPLICABLE TO:**

All DMR Employees

#### **POLICY:**

1. It is the policy of the DMR that all official department information and files must be protected from alteration, removal and damage. Non DMR employees shall not be permitted to directly access DMR files. All public requests for DMR information and files shall be submitted in writing to the Executive Director.
2. A request for information or access to the DMR public records should be marked "Request for Public Records" and should describe in reasonable detail the public records sought. The request should include a description of the type of records, names, dates, file numbers, title of publication; and other information which may aid in locating the requested public records.
3. The Executive Director or his designee will determine whether the records sought are exempt from production under the Mississippi Public Records Act of 1983 (§25-61-1 et seq.), the Mississippi Boating Law of 1960 (59-21-1 et seq.), or any other applicable statute and will either produce or deny production or inspection of the public records sought within seven (7) working days of the receipt of the request.
4. If the DMR is unable to produce the records requested by the seventh day after the request is made, the DMR shall provide a written explanation to the person making the request stating why the records cannot be produced within the seven-day period. The DMR shall produce the records requested within fourteen (14) working days from receipt of the request, unless the parties mutually agree to a longer time period.
5. If it is determined that the records requested are exempt or privileged under the law, the request will be denied and the basis for the denial will be forwarded in writing to the individual requesting the documents. Such denial will be kept on file for inspection by any person for three (3) years.

6. Where possible, non-exempt material will be separated from exempt material and only the exempt material will be withheld.
7. The DMR has the option of providing copies of said requested public records, providing access to these materials during reasonable hours for duplication by the person making the request, or duplication by a third party (copying company).
8. Unless otherwise authorized by the Executive Director, individuals requesting inspection of DMR public records must be accompanied by DMR personnel when inspecting DMR records and materials. Individuals requesting inspection of DMR public records will be advised as to when and where they may inspect the requested records.
9. The request for information should be accompanied by sufficient funds to defray the actual cost of searching, reviewing, copying, and mailing, if applicable. Fees shall be collected prior to compliance with the request or other payment otherwise guaranteed. The fees charged shall be in accordance with the following schedule:

<b>Photocopies per page</b>	<b>\$0.25</b>
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**Records search and/or inspection per hour:**

Professional employee	<b>\$ 25.00</b>
Clerical employee	<b>\$12.50</b>

**Mailing/Shipping**

**TBD**

The requestor will also be responsible for paying the actual mailing/shipping costs incurred by the DMR.

10. The Executive Director or his designee will notify the person making the request of the estimated fees if the estimate exceeds the funds accompanying the request. Regardless, the person requesting the documents will be responsible for paying the actual fees involved in complying with the request. The above fees will be charged even when the requested information cannot be found.

**RESPONSIBLE AUTHORITY:**

Executive Director

**REFERENCES:**

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Executive Director, DMR



## **REQUEST FOR DISCLOSURE OF PUBLIC RECORDS**

### **I. INFORMATION ON INDIVIDUAL MAKING REQUEST**

PURSUANT to the MISSISSIPPI PUBLIC RECORDS ACT of 1983, the undersigned requests disclosure of the described public record.

- |   |  |
|---|--|
| 1. _____<br>(FULL NAME – PRINTED OR TYPED)          | _____<br>(COMPANY OR ORGANIZATION)               |
| 2. _____<br>(PERSONAL ADDRESS)                      | _____<br>(BUSINESS ADDRESS)                      |
| 3. _____<br>(CITY)                                  | _____<br>(CITY)                                  |
| 4. _____<br>(STATE)                      (ZIP CODE) | _____<br>(STATE)                      (ZIP CODE) |
| 5. _____<br>TELEPHONE (HOME)                        | _____<br>TELEPHONE (BUSINESS)                    |
| 6. _____<br>EMAIL ADDRESS                           | _____<br>FAX NUMBER                              |

### **II. DESCRIPTION OF PUBLIC RECORD REQUESTED**

7. Please describe the specific public record you wish disclosed, including the date of the record, subject matter, work area or person involved, or other identifier which will permit location or retrieval of the public record:

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8. Does the information sought contain a trade secret, confidential commercial or financial information, to your knowledge?    \_\_\_\_\_yes    \_\_\_\_\_no
9. Is the information sought contained in a large volume of records, to your knowledge?  
\_\_\_\_\_yes    \_\_\_\_\_no

### III. AGREEMENT TO PAY COSTS

I UNDERSTAND that a fee shall be charged to cover the direct costs of search, review, and reproduction, and I agree to pay such costs prior to the production of the public record. The fee charged will be in accordance with the fee schedule of the Department of Marine Resources and all costs associated with any records search. I understand that the costs for reproducing/searching and reviewing records may exceed initial estimates and agree to pay additional costs if they exceed the original estimates.

IMPORTANT: Theft or alteration of state records is a crime punishable by law, Miss. Code Ann. §25-59-23 (1972). This office prosecutes violators.

\_\_\_\_\_  
(DATE OF REQUEST)

\_\_\_\_\_  
(PLEASE PRINT NAME)

\_\_\_\_\_  
(SIGNATURE)

For Office Use Only

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